Agreement for Level II Service Coordination

Name: _____ DOB:_____

I understand that, by signing this form, I agree that my situation is stable and my needs are being met by myself and/or family with no ongoing Service Coordination intervention needed.

I also understand that Level II Service Coordination means that I have access to my Service Coordinator as needed or requested, or at an annual contact initiated by my Service Coordination provider.

Upon signing of this form by a SC Supervisor, my case remains open but is classified as Level II. This means that:

1. I will be contacted by a Service Coordinator or other provider staff once a year to determine whether there have been changes in address, telephone number, or primary contact person, and to generally determine how I am doing. I will be informed of available service providers and given the opportunity to select another one if I choose to do so.

2. I may contact the Service Coordinator anytime I need assistance at the following location:
Service Coordinator: _____
Address: _____
_____
Phone:_____

If the above Service Coordinator is not available, I have been instructed to ask for the Service Coordination Supervisor.

3. I realize that an annual plan will not be developed by a Service Coordinator.

_____ _____
Person Date Legal Guardian Date

_____ _____
SC/EI Date SC Supervisor Date